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ABSTRACT

Descriptive data on a wide range of family day care homes and on children's experiences within those homes were obtained in this study. Additionally investigated were the effects on caregiver and child behavior of six central family day care issues: (1) home regulatory status, (2) number and age mix of children, (3) regional differences, (4) caregiver training or education, (5) caregiver experience, and (6) caregiver ethnicity. Findings are summarized and discussed in this report in light of other family day care studies. Caregivers were observed to interact approximately 50 per cent of the time with children, primarily in some form of teaching. Caregivers displayed negative affects very rarely during observation periods; positive affects were displayed much more often. Children were observed to play frequently with exploratory materials, to spend considerable play time alone, to engage in fine-motor structured activities, to engage in language-related activities, and to increase peer involvement with age. Among other results were the findings that (1) regulatory status desirably influenced family day care environments and (2) positive experiences were provided more frequently by caregivers with less, rather than more, experience. (Author/DB)

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A DESCRIPTION OF CAREGIVERS AND CHILDREN IN FAMILY DAY CARE HOMES

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A DESCRIPTION OF CAREGIVERS AND CHILDREN IN FAMILY DAY CARE HOMES

The NDCHS observation component was primarily intended to describe a wide range of family day care homes and to portray the experience of children within those homes. The second task was to provide data bearing on six central issues regarding family day care, that is, to identify the effects on caregiver and child behavior of (1) home regulatory status, (2) number and age mix of children, (3) caregiver training or education, (4) caregiver experience, (5) caregiver ethnicity, and (6) project region. The use of a carefully developed, statistically reliable observation instrument (the Carew/SRI Observation System) enabled us to obtain these data. The following sections summarize and discuss findings from the observation study and relate the findings to data from other studies of family day care.

Descriptive Findings

Caregiver and child behaviors were studied in 303 homes.* This sample included Black, White, and Hispanic homes as well as regulated, unregulated, and sponsored homes. Sponsored homes are affiliated with a network that is usually associated with a child advocacy group or a government agency. Sponsorship takes many forms, but most networks refer parents seeking child care to the caregiver and many provide caregivers with child care information or training. No previous studies of family day care have examined the wide range of homes included in the NDCHS. This broad sample provides a fairly representative description of family day care in the three geographical locations selected for the study--Los Angeles, San Antonio, and Philadelphia.

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*It is important to note that the sample of homes available to the observation component is a subset of the homes described by Abt Associates, Inc., in Volume II of the NDCHS Final Report. Characteristics (age, years of experience) of the 303 caregivers who agreed to be in the observation study are somewhat different from those of the total group of caregivers interviewed for the NDCSH.

Characteristics of the Caregiver and the Home

In average age, caregivers in the NDCHS observation component resemble caregivers in other studies of family day care. The average age of the 303 caregivers in this sample was 43, and the standard deviation was 13.42. These figures are comparable to those reported by others. For example, Colbert and Enos (1978) reported that 56% of their sample was over age 35, and Sale (1972) reported that caregivers in that project ranged in age from 20 to 69. Family day caregivers seem to be, on the average, in their late thirties or early forties, and they are not predominantly the young mothers caring for their own infants at home as has so often been assumed. Thirty-nine percent of the caregivers in the NDCHS had one or more of their own children in their care. One-third of the homes provided care for infants (i.e., children up to 12 months old).

The caregivers observed averaged 7 years of child care experience, with a standard deviation of 6.87. The range of experience was actually from 1 month to 36 years. This great variability may explain the slight discrepancy between the figures reported by the NDCHS and the lower experience levels reported in the family care studies of Emlen (1977; average, 5 years), Howes and Rubenstein (1978; average, 3.9 years), and Hall and Weiner (1977; average, 4.3 years).

Average education is consistent with that reported in other studies. NDCHS caregivers tended to have just under 12 years of education, and the standard deviation was only 2.4. Although some caregivers had some college education, very few had finished college. This variable appears to be quite stable across family caregivers in other studies. Hall and Weiner (1977) reported the average education of caregivers as 10.9 and 11.8 years for unlicensed and licensed homes, respectively, and none of the caregivers studied by Colbert and Enos (1978) had a college degree.

The regulatory status of homes showed certain relationships to caregiver and child characteristics. Regulated homes (sponsored and licensed or registered) tended to have more infants and more experienced caregivers. Unregulated homes tended to have more children who were related to the caregiver. These data might support a picture of unregulated family day care as an informal system whereby aunts and grandmothers care for their

relatives' children, whereas regulated caregivers tend to view family day care as a business in which they have gained experience over several years. Sale (1972) reported that many caregivers are not aware of the need to obtain a license. It might be that caregivers with more experience learn about the necessity and desirability of becoming licensed. Emlen (1977) found that the most long-lasting relationships between caregiver and child existed in cases where the caregiver and parents were not close friends. In Emlen's study, the caregivers with more successful long-term relationships tended to view the provision of care as a business. They obtained a license and therefore stayed in business for a longer period. In our study, caregivers who were relatives of the children in their care tended to stay in business longer.

Caregiver Behavior

An important finding was that caregivers in the NDCHS were providing a positive and supportive environment for children. Ninety-four percent of the caregivers manifest some positive affect (recorded for smiles, laughs, and expressions of enthusiasm) compared with 31% manifesting negative affect (scowls, frowns, expressions of anger). Negative affect occurred only 0.3% of the observed time, whereas positive affect occurred 5% of the time. The positive affect variable has not been observed directly in most prior studies of family day care. Howes and Rubenstein (1978) observed behaviors related to positive affect; they found no differences between the rate of those behaviors in family day care and center care. Peters (1972) rated homes on amount of physical contact (e.g., hugging, caressing, holding) between caregivers and children, a variable that may be construed as indicative of positive affect; 29% were rated as high, 38% were moderate, and 33% were minimal. Although child care advocates, parents, policymakers, and educators generally agree about the desirability of a positive and supportive environment, this rather elusive domain has rarely been defined or studied.

Another important finding to emerge from the NDCHS is supported by other studies: total routine control (i.e., "No!" and "Don't!") was observed to occur in 96% of the homes, and directing behaviors (i.e., directing children to activities) were observed in 97% of the homes. These two behaviors were second in occurrence to positive affect, each being observed 4% of the time. Prescott (1973) found that "pressure" behaviors (efforts to control

children) were observed more often in family day care than in open-structure centers or in children's own homes. Cochran (1977) found family day care higher than centers on supervising and "do's and don'ts." Howes and Rubenstein (1978) found more restrictive or negative behavior in family day care than in centers. The research to date indicates that family day caregivers exhibit a fair amount of controlling behaviors and in this regard may be different from center caregivers.

These findings must be qualified by noting that strict (harsh or punishing) control occurred in only 0.2% of the observation periods. When the findings regarding positive affect are taken into account, day care homes appear to be environments characterized by a combination of positive support and control, a combination that Baumrind (1967) found predictive of well-socialized and competent children.

Caregivers spent approximately 50% of their time interacting with children in some way. The most frequent type of interaction was some form of teaching. In fact, 14% of the total observed time was occupied by teaching; caregivers were observed to manifest some form of teaching in 98% of the homes. Cochran (1977) found that family day caregivers were significantly more often engaged in cognitive/verbal interactions with children than were center caregivers. The high proportion of teaching time in the NDCHS lends support to the notion that family day care may be a more educational environment than was previously assumed. This observation is particularly interesting in light of the data reported by Hall and Weiner (1977) that family caregivers apparently do not perceive themselves as offering educational services. Peters (1972) reported observing school-related formal lessons in only 8% of his sample of 143 homes. The NDCHS defined teaching more broadly than formal lessons; included are all acts of teaching, whether they were related to social, cognitive, or physical development. This more inclusive definition may explain the differences in the findings regarding teaching activities in our study and findings in other studies of day care.

Other caregiver behaviors of high frequency in the NDCHS were playing/participating and conversing with children (13%) and facilitating language/information and physical needs activities (each 9%). Cochran (1977) found

more caregiver-child interaction involving play in family day care homes than in center care. The facilitation of language activities is positively correlated with the teaching variable reported above, and again Cochran's findings regarding the relatively high proportion of cognitive-verbal interactions in family day care are similar to these findings.

As in most homes of mothers with their own children (Carew, 1978), caregivers in our study spent approximatley 50% of their time in activities where they are not directly involved with children. A considerable amount of this time (17%) was spent in preparing food or play activities for the children or in monitoring their play. Another 19% of time was spent in household tasks such as cleaning, washing clothes, making beds, or sewing. Very little time was spent with other adults (6%) or in leisure activities, such as reading books or watching television alone (8%). The caregivers were actually out of range of the children only 1% of the time. Data reported by Peters (1972) indicate that one-third of the caregivers in his sample divided their time equally between interacting with the children and doing something else. Although family caregivers may spend about half their time involved with something other than direct interactions with children, prior research nonetheless suggests that they spend more time with individual children than do center caregivers. Prescott (1973), Cochran (1977), and Howes and Rubenstein (1978) all found a greater amount of adult input and one-to-one caregiver-child interaction in family day care than in centers.

Children's Behavior

Besides caregivers, the NDCHS observations focused on children of two age groups. Focus Child 1 represented children 12 to 35 months old (i.e., toddlers, 1 to 3 years old), and Focus Child 2 represented children 36 to 59 months old (i.e., 3- to 5-year olds, referred to as preschoolers). Children of both age groups were found to play with sand, water, paint, dough, and other exploratory materials more often than they engaged in any other activities. This occurred 22% of the observed time for the toddlers and 15% for the preschoolers. This finding is similar to that of Prescott (1973). She found that children in family day care did more tactile-sensory exploring than children in centers and own homes. Cochran (1977) also found that

children in family day care explored more with materials than center children, and that more caregiver-child interactions were exploratory in nature.

The observed preschoolers spent 10% of their time in fine motor structured activities such as working puzzles, while the 1- and 2-year-olds spent only 6% of their time on such structured activities. This trend of more exploratory activities for the very young child and more structured activities for the older child seems to conform with normal child development patterns.

Another important finding was an increase in the importance of peers as the child grows. The preschoolers manifested more involvement with another child (5%) than did the toddler (2%). The preschooler talked more with other children, played alone less often, and was involved less often with the caregiver. The importance of peers in center day care was recently described by Rubenstein and Howes (1979). It is reasonable to believe that family day care offers similar advantages over own-home care in this regard by virtue of the presence of peers in the group. Howes and Rubenstein (1978) found more positive social skills among family day care children than among center children, suggesting that perhaps the family day care arrangement offers an optimal number and type of peer relationships for the development of these skills.

Children spent little time watching television (6 to 8% of the observation period), although the activity of watching television was observed in the majority of homes. Peters (1972) reported that some television-watching was observed in only 39% of his sample. It would appear that family day care homes do not match the stereotype often drawn of the caregiver busy with other things while the television "babysits" the children.

Children helped themselves with their physical needs (they dressed, fed, and toileted themselves) more often than they were assisted by the caregivers. The trend was greater for older than for younger children, suggesting natural development toward independence.

Overall, children spent a considerable portion of the observation period playing by themselves. The toddler was observed as playing alone 62% of the time, and the preschooler played alone 52% of the time. An explanation of this is that children who were engaged in activities independently (with

blocks, trucks, dolls) were coded as alone. The adult was in most cases present (ironing clothes or washing the dishes) but not directly involved with the child. It seems that the caregiver had arranged an environment in which children could operate independently and happily since very little distress was observed.

In summary, family day care homes appear to be places where caregivers spend about half their time directly involved with children and the majority of that time is devoted to teaching or conversing or playing with children. Individual children spend most of their time using manipulative toys or exploratory materials and in language-related activities. The children seem to be involved in activities considered normal for their ages. Much of the child's time is spent in independent activities in an atmosphere that is generally positive and supportive. The caregiver does not hesitate to direct and control children's behavior but she does so in a manner that is mild, not harsh.

Findings Related to Study Questions

The remainder of the findings are organized according to the six study questions.

1. Do differences exist in caregiver and child behaviors among unregulated, regulated, or sponsored homes? The issue is whether regulations or training programs affect the kinds of experiences children have.

Some interesting findings emerged regarding the regulatory status of homes. When all other independent variables were held constant, caregivers in sponsored and regulated homes provided more help and were more often involved with children in structured fine motor and music and dance activities. They also conversed more often with the 3- and 4-year-old children than did caregivers in unregulated homes. Data from two checklists indicated that sponsored homes tended to provide a safer physical environment and more nutritious food.

Our analysis showed that regulatory status of the home was related to some child behaviors. In unregulated homes, the 1- and 2-year-old children tended to be less affectionate and the 3- and 4-year-old children showed

more distress than in the sponsored or regulated homes. The younger children tended to look at books and to watch educational television more in regulated homes than in other homes.

It is apparent that regulatory status means different things in different sites and to different ethnic groups. In San Antonio, for example, sponsored caregivers did twice as much teaching as did regulated and unregulated caregivers. Regulated and unregulated homes in San Antonio showed definite similarities. This may result from the fact that homes in San Antonio are not licensed but registered, and registration requirements are not as stringent as licensing requirements. The effect of registering homes on caregiver behavior appears to be slight. This finding is noteworthy in light of the trend toward registration. States may be able to save money by registering homes rather than licensing them, but the possible effects should be considered. Further study in this regard is needed. Nevertheless, it seems important to clarify the objectives of registering before embarking on that course.

The effect of regulatory status on certain caregiver and child behaviors and the environment indicates that some form of regulation is desirable. We found that sponsored homes had safer physical environments and provided more nutritious food. This is an important result because regulation and licensing have generally been concerned with precisely these aspects of the day care environment.

No past research has been conducted on the effects of regulatory status to aid interpretation of the NDCHS findings. Researchers in future studies will need to identify the critical features of regulatory status as a variable.

2. How do the number and age mix of children in the homes relate to the kinds of experiences children have in day care homes? The issue is whether caregiver and child behaviors fluctuate in accordance with these characteristics.

The number and age mix of children in the home were associated with complex patterns of child and caregiver behaviors. When infants were present, caregivers tended to do less teaching, playing, and watching television with the other children. The 1- and 2-year old in turn sought attention less, was alone more often, and interacted less often with the caregiver, but the young child also did more monitoring--suggesting that when infants are present,

they may watch the caregiver-infant interaction. The amount of time children spent with peers increased as the caregiver became more involved with infants. The children made more attempts at controlling each other. Obviously, the caregiver has less time for the other children when an infant is present, and thus the children play by themselves or occupy themselves with their peers. This is not to suggest, however, that the home loses its warmth when infants are present; in fact, caregivers in homes with infants show more positive affect.

A slightly different picture emerged as the number of children aged 12 to 35 months increased. In these homes, caregivers were more directive and less likely to provide messy materials like paint, water, or dough. Children in these situations tended to play with their peers more often but made more attempts to control them, were more antisocial, and showed less affection. Interestingly, less distress was evidenced, suggesting that the children can handle the situation.

The findings suggest that children become a little more unruly in homes with several 1- and 2-year olds, and the caregiver spends more time controlling their behavior and less time engaged in developmental activities with the children.

When several preschoolers were present, the caregiver facilitated more language learning activities. This makes sense in terms of the rapid development of language at this age. When more of this age group were present, all children tended to engage more often in large muscle play--climbing, jumping, riding tricycles. The younger, 1- or 2-year-old child, spent more time alone and received less caregiver attention when several preschoolers were present.

The greater the age mix of the children, the fewer language exchanges with the caregiver for the younger children. These children were more likely to play running and climbing games, perhaps following the older children. Preschoolers less often looked at books and did fewer language/information activities with the caregiver. Clearly, when the age mix was greater, children had more interactions with each other. When a school-age child was present, the 3- and 4-year-old children watched less television, and the

1- and 2-year olds engaged in more language-facilitating activities. Thus, the presence of the school-age child does not seem to have a detrimental effect on the other children in the home.

Patterns similar to those reported for age mix were seen when the average age of the children increased. In these homes, the children talked to their peers more often, engaged in more large muscle activities, and had fewer exchanges with the caregivers. However, the caregiver facilitated more language and information activities when the average age was older than 35 months.

In view of these findings, parents selecting a home would want to consider the age of the child. Infants seem to receive a considerable amount of attention from caregivers regardless of number and ages of the other children present.

The toddler of 1 and 2 years is likely to fare best in homes with fewer children, regardless of the ages. In homes with infants, or several toddlers, or several preschoolers, the toddler receives less caregiver attention. However, the homes with several toddlers seem to be the poorest choice. Toddlers require considerable physical-needs attention and prosocial direction--the more toddlers in a home, the less their needs are likely to be met. Several toddlers and infants may not be a good mix, because their needs for physical help are similarly demanding of caregiver time.

The 3- and 4-year-old child is less affected by the various age groups of children and seems to manage well, especially when several children of that age are present. Older children coming to the home after school seem to have a positive effect on the home. Thus, the parent need not avoid homes that also provide after-school care for children.

The choice of a day care home depends on what parents want for their children in terms of daily experiences and care. If parents want children to have more socializing experiences, they may want to consider a home with a greater age mix of children. If parents are interested in having their child develop language capability, they may want to consider our findings that more language and information activities occurred in homes with several 3- and 4-year olds present. Given the findings regarding the regulatory status of homes, a parent would most likely want to consider these factors

when selecting a family day care home. These findings may be useful in guiding policy regarding the age mix and numbers of children to be cared for in homes.

Clearly, these findings can provide policymakers with data to assist in their deliberations regarding numbers and ages of children to be cared for in different home care situations.

3. Are differences in caregiver education related to the kinds of experiences children have in family day care homes? The issue is whether training or educational intervention could improve the quality of care children receive.

The majority of caregivers in the sample had not completed high school. However, the formal education of caregivers was not related to the type of care children received. In our analysis, we found that the caregivers with more education tended to do less helping and to be less directive (e.g., they used fewer "do it" statements). They also facilitated exploratory fine motor activities less often, such as playing in water, sand, dough, paint (activities that can be "messy"). In homes where the caregiver had more education, the 12- to 35-month-old child tended to look at books less often but helped with household tasks more often. The 36- to 59-month-old child was found to watch television less often and more often handled physical needs alone. In a study of extremes or outlying homes, the caregiver who provided the most teaching had less than a high school education and also exhibited the most positive affect. That caregiver, however, was part of a sponsored network that received some training in child care.

The National Day Care Cost-Effects Study (Ruopp et al., 1979) reported that center caregivers with training relevant to young children delivered better care with somewhat superior developmental effects for children. However, just as we did, they found no relationship between years of formal education and child care. The educational content of the NDCHS family caregivers was analyzed in Volume II by Abt Associates, Inc., in terms of its relevance to caring for children, and results similar to Ruopp's center study were found. Although formal education per se seems to have little effect on caregiver and child behavior, the results of the investigation of sponsors in networks suggest that some form of training in the delivery of day care might be useful.

4. Does the number of years caregivers have been caring for children (their own or others) make a difference in the kinds of experiences children have in family day care? The issue is whether some minimal level of experience should be required before caregivers are licensed or registered. (Some believe that a provisional training license might be granted to inexperienced caregivers during the time they gain experience and perhaps receive training from a sponsor or network.)

The average number of years caregivers have been caring for children is 7. The range is 1 month to 39 years. Nothing in the findings suggests that caregivers with less experience do a poorer job of caring for children than do caregivers with more experience. Findings from our analysis were sparse, indicating only that when the caregiver had more experience the 1- or 2-year-old child expressed more antisocial behavior toward other young children and the preschool child engaged in more exploratory fine motor activity.

To more closely examine some homes, we identified 19 caregivers who accounted for the highest frequencies of certain behaviors. We found, in these 19 cases, that the caregivers who used the most strict control, showed most negative affect, and were most directive had more than 11 years of experience. The caregivers with more experience tended to be older and more often cared for their grandchildren or other relatives. Other caregivers with less experience (6 months to 3 years) provided the most help, comfort, affection, and prosocial guidance. These caregivers were younger. The most teaching and the most facilitation of language/information and structured fine motor activities were done by three caregivers who had more than 7 but less than 11 years of experience.

Data from specially selected cases cannot be generalized to other situations because only a few homes represent each observation variable. Nevertheless, it appears from the regression analyses and from the study of outlying homes that children in the homes of younger caregivers have experiences somewhat different from those of children in homes of older caregivers.

5. Do broad cultural patterns exist that distinguish caregiver and child behaviors among major ethnic groups that use family day care? The issue is whether such patterns are really cultural differences or rather are the result of confounding ethnicity

with other caregiver characteristics such as education. This information could be useful in developing training and delivery systems and could help policymakers be more responsive to the major constituencies of day care.

When all independent variables were held constant (e.g., caregiver education, age, experience, and regulatory status), only three significant differences in caregiver behavior could be attributed to ethnicity. Black caregivers tended to be more directive than were the White or Hispanic caregivers. This relationship was found in one variable that included all children in the home and in another that specified the 1- and 2-year-olds. White caregivers less often interacted with school-age children than did Hispanic and Black caregivers.

The only child observation variables that were related with ethnicity indicate that 3- and 4-year-old children in the homes of White caregivers look at books more often than do children in the homes of Black or Hispanic caregivers. In homes of Black caregivers, the 3- and 4-year-old children were less likely to involve the caregiver in helping them with physical needs. Children in White and Hispanic homes required this type of assistance more often. No significant differences were found in the data on 1- and 2-year-olds.

Clearly, broad cultural patterns have not been identified in these observation data. The significant findings are so few that they could have occurred by chance. Consequently, information regarding ethnic differences in providing child care that might aid policymakers is not available from this study.

6. Do regional differences exist in caregiver and child behaviors? The issue is whether regulations should be similar in all parts of the country. For example, in geographical areas with warm climates children can play out-of-doors year-round whereas they cannot in cold climates.

When all independent variables were held constant (education, site, ethnicity), a number of differences were found in the behaviors of caregivers and children from site to site. Philadelphia caregivers tended to spend more time teaching and participating with the children and in promoting language/information and in having them assist in household work activities. They also expressed more negative affect than did caregivers at the other sites. San

Antonio caregivers tended to be more directive and controlling, and they promoted gross motor activities and prosocial behaviors more often than caregivers at the other sites.

The behavior of children differed by site in that Philadelphia children 12 to 35 months old were more often observed in sharing and helping (prosocial) behaviors. They spent less total time monitoring others' activities than did children of the same age in the other sites. San Antonio children 12 to 35 months old spent more of their total time in activities with the caregiver, whereas children 36 to 59 months old spent more total time with other young children and less time monitoring others' activities than did children of the same age group in the other sites.

Making a broad statement about the effects of site on behaviors is difficult. The findings do not portray any particular pattern that could guide regulations in different geographical locations. The climate in Philadelphia in the late autumn, when observations were conducted, most likely required that children be indoors most often, whereas the milder climates of San Antonio and Los Angeles would permit outdoor play. Moreover, a different pace for children and caregivers can be expected to exist in inner-city Philadelphia than exists in the smaller, less hurried city of San Antonio or in Los Angeles. The three sites were, in fact, different in characteristics of the study design. The Philadelphia sample did not include Hispanic homes, whereas Los Angeles and San Antonio did. San Antonio had registered homes, whereas Los Angeles and Philadelphia had licensed homes. With such basic differences, finding differences in child and caregiver behaviors is not surprising. The findings do not lend themselves to guiding policy for different geographical locations. More studies of this type are needed to see whether the findings in Philadelphia, San Antonio, and Los Angeles would be replicated in other cities with similar characteristics.

Cautions or Limitations

The generalizability of the findings from this study is limited to the extent that participation of caregivers was voluntary and self-selection effects were unavoidable. That is, caregivers who chose to allow themselves to be observed may be systematically different from those who refused. This is a problem endemic in social science research of this type. A second problem

lies in the effect of the presence of observers in the day care home on the behavior of the caregivers. Caregivers may have behaved differently because someone was watching. It will be important to see to what extent the findings are replicated in other studies in different sections of the country.

Contributions of the Study

The Carew/SRI Observation System developed during the study provided comprehensive and reliable data on family day care homes. It should be a useful tool to others who plan studies of family day care.

Although many have questioned the relationship of observer bias to the validity of the data collected, few have systematically studied this source of error. The careful documentation and comparison of observers' responses in the field as well as with criterion videotapes provide substantive data regarding observer bias. We found no cultural bias in the observation records of Hispanic, Black, and White observers. This study contributes significantly to the understanding of observer effect on data.

We found caregiver behavior to be remarkably stable. This was confirmed in comparison data collected hour to hour, day to day, and week to week and in the structured and natural observations. Little has been known about the stability of behavior observed in homes. These findings can help determine how much observation time is required for an adequate sample of behavior.

Data from this study can help guide family day care policy regarding regulation of the numbers and age groups of children in day care homes. It also suggests some minimum intervention of educators in child care through sponsorship or licensing.

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